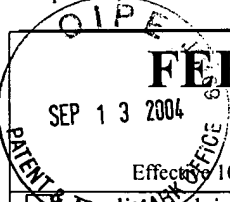


I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on September 8, 2004 in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Ref. No.: 12439-0141 (P168-US)

*Libby Hill*  
Libby Hill

<div style="text-align: center;">  <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="font-size: small;">Effective 10/01/2001. Patent fees are subject to annual revision</p> </div>	Complete If Known	
	Application Number	10/034,412
	Filing Date	December 27, 2001
	First Named Inventor	Mathieu
	Examiner Name	Vihn P. Nguyen
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2829
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$1352.00)</b>	
	Attorney Docket No.	20206-18

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																														
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account <div style="margin-top: 5px;">             Account Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>              Account Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> </div> <p>The Director is authorized to: (check all that apply)</p> <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge – late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge – late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>Request for <i>ex parte</i> reexam</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Publication of SIR prior to Examiner action</td><td></td></tr> 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additional invention (37 CFR 1.129(a))		1801	770	2801	385	RCE	770	1802	900	1802	900	Request for expedited examination of design application		Other fee (specify)						<b>SUBTOTAL (3)</b>				<b>(\$1190.00)</b>	
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SUBMITTED BY		(Complete (if applicable))			
Name (Print/Type)	N. Kenneth Burraston	Reg. No.	39,923	Telephone	(801) 323-5934
Signature	<i>N. Kenneth Burraston</i>			Date	September 8, 2004